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## Community-based program for drug prevention in schools (case study)

Prevention activities have been a topic of great discussion for the last decade in Bulgaria. Considering the dynamic changes our society has been going through and the significant alteration of adolescents' life it is not surprising that the educational bodies and the whole society are looking with vexation towards the risks that our children are living with. Aggression, drug use and abuse, lack of effective communication, unhealthy lifestyle, deviant and delinquent behavior seem to become a "normal" part of the growing-up process. Still, the tendencies of increasing of troublesome and risk behavior cannot be left without proper response both from the government bodies and from NGOs as civic society representatives. One of the most concerning issues that are discussed a lot is drug use and abuse among young people. According to the National report for the EMCDDA for 2004<sup>th</sup> drug use among students at schools was a serious problem. "According to research data<sup>1</sup> about one third (31%) of young people admit that there are drug users among their acquaintances, for 3% of young people more than half of their acquaintances are drug users. Actually, **each one of five young people in the capital and district cities is in a risky circle of**

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<sup>1</sup> "Public Opinion on Drugs and Fighting against Use of Drugs", MBMD and "Salvation" Foundation with the financial aid of the Embassy of the Kingdom of Netherlands, held in November 2003 in the city of Sofia and the District Centers comprising 1000 children and adolescents aged 12 to 30 and 500 parents with children aged between 10 and 25.

**friends** involving drugs. As concerns the use, 17% of young people in the capital and district cities have tried a drug. If expressed in absolute values it is about 176 000 young people. The share of young people who have tried a drug is twice higher in Sofia (26%), compared with the one in district cities (13%). The most common drug is the Indian hemp – 15%. Marijuana have been tried by 14% of young people, hashish – 3%, other forms of cannabis – 2%, amphetamines and ecstasy – 2%, heroin – 1%, cocaine – 1%. About 5% of young people have tried more than one narcotic substance” (National Report to the EMCDDA 2004, p. 23). “Among researches in 2003, the national representative research entitled “Use of Alcohol and other Drugs in Bulgarian Schools (Grades 9-12)” carried out by a team of the National Center for Addictions and the National Public Health Center by the methods of the European School Research Project on Use of Alcohol and Other Drugs (ESPAD) is worthy to be mentioned<sup>2</sup>. As expected, data furnished by the said research have shown that the drug most commonly used is cannabis in all of its forms – almost each one of four students interviewed (i.e. 27,1%) has at least once tried marihuana or hashish. This corresponds to about 90-95 000 students between 9<sup>th</sup> and 12<sup>th</sup> Grade. Then come inhalants (4,2% or about 14-15 000), ecstasy (2,5% or about 8-9 000), tranquilizers and sedatives (2,1% or about 7-8 000), amphetamines (2,0% or about 6-7 000), cocaine (1,6% or about 5-6 000), heroin (1,2% or about 4-5 000) etc” (National Report to the EMCDDA 2004, p.23).

The situation with drug use among students at this period of time naturally produced a strong will for an adequate response. This led to different actions aimed at prevention of drug use and fighting drug distribution among students. The present article describes one example of drug prevention program, developed and implemented in several Bulgarian schools.

“Community-based program for drug prevention in schools” started as a project financed by MATRA program of the Dutch Foreign Ministry. It was implemented between 2004 and 2006. The project was developed as a response to the needs of Ministry of education in Bulgaria and schools themselves of

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<sup>2</sup> National Representative Sociological Research “Use of Liquor and Other Drugs in Bulgarian Schools (Grades 9-12)”, team of NCA and NPHC by the methods of ESPAD, May 2003, total number of interviewees: 1400 students of 75 classes at schools of general and vocational education throughout Bulgaria.

a comprehensive, effective and adequate drug prevention program for students. The project was developed as a cooperation between Trimbo's Institute in Utrecht, Netherlands and a group of Bulgarian enthusiasts, supported by the secretary of the National Council on drug substances Dr. Vlatko Gligorov. The Bulgarian team has been hosted by Bulgarian Gender Research Foundation.

Community-based program for drug prevention in schools project has been structured on 3 basic levels – national, local and school level. The foundation for such structure was to ensure a proper management of the project activities and a sustainability of the project results. Project team on national level on Bulgarian side included the project leader Mrs. Desislava Gotskova, the project assistant Ms. Roumena Bongalova and, later on, material developer experts Yana Ivanova, PhD and Yonka Parvanova, PhD. From the part of Trimbo's Institute, Netherlands the experts Maurice Galla and Lieneke Austie were working on the project. The project team in Bulgaria was supported by a special group that included representatives from the Ministry of Education, The Ministry of Health, The Agency for child protection.

**The main objective** of the "Community-based program for drug prevention in schools" project **was to create and approve a prevention program for students**, which would consist of educational activities and out of classroom activities with the active participation of the community and according to its needs and problems. The specific goals of the project were: to research the specific characteristics of drug use in the three regions; to set the frame of the educational prevention program; to develop and implement the prevention program at the three base schools; to develop a model for out-of-classroom activities in order to support the preventive actions at schools through involving the local community.

The project passed through three main stages:

### **First stage**

During the first stage the base district and schools to work with were chosen. The project conducted its main activities in three different districts – Sofia city, Kazanlak and Blagoevgrad. The choice of the districts was based on the wish to create a prevention program suitable for schools in big cities (Sofia), a district center city of medium size (Kazanlak) and city with a large number

of young people in comparison with its total population (Blagoevgrad). The project conducted its activities on school levels in three different schools (one from each city), which were called "implementation schools – 21<sup>st</sup> Comprehensive school "Hristo Botev", Sofia, Natural and Math science school, Kazanlak, and National Humanitarian Gymnasium, Blagoevgrad. The schools also represented different type of educational institutions in order to ensure that the prevention program will be suitable for different schools and in different situations.

During the first stage local and school coordinators had been chosen. The choice of the coordinators was based on principles of voluntary participation, interest in prevention actions, commitment and activity in the entire project. Local coordinators were professionals in drug prevention activities on local level – members of Municipal councils for fighting the drug use, Preventive-information centers or local municipality bodies. School coordinators were regular teachers with different experience and subject background.

After the selection of local and school coordinators local and school teams were established in order to conduct a research of the drug use among students on municipal and school level. The team members were trained in Rapid assessment and Response research methodology of World Health Organization. Trainings were led by the experts from Trimbos Institute. A specific frame for the research has been developed along with research procedures. The research had been conducted and the results showed the main drugs that the students were using, the age group at risk, the types of risk situations that students were encountered with and the main types of reasons for drug use and abuse among students from the base schools. The RAR methodology was the chosen research method because it could provide the project team with quick and practical information needed for the next project activities.

## **Second stage**

The second stage of the project consists of two main activities – developing the school prevention program and its testing and developing and implementing a model for out-of-classroom activities, consistent with schools characteristics and traditions.

*Creating the school prevention program*

Based on the data from the Rapid assessment and response research a school prevention program has been created from the national team members in cooperation with teachers from the base schools and under the guidance of Trimboš institute experts and Hungarian experts from National drug prevention center in Budapest. After the data from the research had been analyzed the approach toward the prevention program had become broader. It was decided that drug prevention only will narrow the effect of the program and that in order to achieve an effectiveness the program should be developed on health education approach. This approach includes targeting different styles of risk behavior connected to health and food, emotions and communication, sexual behavior and drug use and abuse. The Health education program that was created within the project was based on the "Knowledge – Attitude – Skills" approach and mainly used interactive teaching methods that transformed students from simply listeners to active participants in the teaching process. These methods included small group discussions, brainstorming, role games, ice-breakers, visualizations.

Health education program consists of three main modules – "Personality and Health", "Health and Sexuality", "Drugs and risk behavior". During the first step of the program creation 18 lessons for each grade from 8<sup>th</sup> till 11<sup>th</sup> was created (total number of 72) and each lesson was 40 minutes long. The lessons were separated in the three modules. Each lesson was thoroughly described by minutes and was supported with worksheets for students' individual or workgroup or had additional worksheet for the teacher with extra explanations or needed information. The program with all the necessary materials had been distributed to the three base schools and was tested during the second term of school year 2004-2005. Total number of more than 250 students from 8<sup>th</sup> till 12<sup>th</sup> grade participated in the program and had Health education lessons. The lessons were conducted by groups of teachers during the Class lessons that are compulsory for each class once a week according to the national education plan or in the form of Free-chosen preparation lessons. After each lesson every teacher filled out a special report on how the lesson was accepted by the students, what were the main difficulties, what changes the teacher made, is the material understandable and so on. Material developers also had visited each school and

teacher in order to observe Health education classes and gather their own impressions on how the material had been understood and perceived. So after the school year was over and the lessons were tested the material developers had all the needed information for the perfection of the program and its enlargement according to the needs of the schools.

During the summer time holiday the material developers elaborated the final version of the program according to the recommendations of the teachers and the opinions of the students gathered on special meetings in the schools. They were supervised by the experts of the National drug prevention center in Hungary. The final version of the Health education program consists of 36 lessons for each grade from 8<sup>th</sup> till 11<sup>th</sup> and a special project oriented methodology of work for the 12<sup>th</sup> grade. Each lesson is 40 minutes long. The materials had 2 main parts – methodical materials for teachers with the detailed description of each lesson and working materials with worksheets for students and teachers additional information. The Health education program consisted of the three modules – “Personality and health”, “Health and sexuality” and “Drugs and risk behavior”. It also included introductory and final lessons for each grade.

After the program was ready two trainings were conducted for the teachers that will teach health education classes for the next school year in the three base schools. The trainings were aimed at strengthening the skills of the teachers to implement interactive teaching methods in classroom environment, forming a proper attitude toward sensitive topics like drug use, sexual behavior, risk behavior and developing skills for improvisation in classroom on the base of the prepared health education materials.

The needed materials again had been delivered to the schools. Total number of more than 500 students participated in the program in the three base schools. At the beginning of the school year a research of students’ attitudes, knowledge on healthy lifestyle and patterns of risk behavior had been conducted in the base schools and in three other schools in the same districts. The research had been prepared by the experts of Trimbos institute, Netherlands and had been repeated at the end of the school year. The research showed increased knowledge on risks and healthy lifestyle along with a positive attitude toward healthy behavior and proper risk evaluation and management.

*Development and implementation of a model of out-of-classroom activities*

During the second phase of the project a lot of the activities were aimed at establishing a quality model of out-of-classroom activities that would support the health education classes in the three base schools. These activities were initiated by the local and school coordinators and involved all the participants in school life as well as the community near the schools. The first big activity was the Referendum, which all the three schools arranged in one and the same date in December 2004. The Referendum gave the students, the teachers and the parents the right to vote "for" or against" the implementation of Health policy in there schools. The referendum was preceded by large campaigns in schools, during which everyone had the right to say his/hers opinion loud and the try to convince others in its value. The campaign was led by the students themselves. They organize debates, concerts, made commercials in the form of flyers and posters and basically had the leading role in the whole process. During the day of the referendum, in all the schools an elaborated organization had been created. A special cabin for voters had been set up with bulletins "for" and ""against" the health policy. Special committees from students, teachers and parents were looking for the honesty of the voting process. Each student, teacher and parent had the right to vote. The results of the votes in all the three schools showed a major prevalence of the opinion "for" implementing a Health policy.

The next step was to elaborate a common version of the school health policy and to receive an approval from all the participants in school life. A statement for commitment of the school to endorse a healthy lifestyle and health environment in school, to work for risk prevention and not to tolerate drug use and abuse on the school territory had been created. This statement was signed by the school headmasters, parent committees and student councils and was placed on a visible place inside each school.

The next step was to fill the health policy with concrete actions and out of classroom activities and to set up a model that can be used from other schools if they wanted to become "health endorsing schools". All the school elaborated alternative Rules and regulations regarding drug use and abuse on the school territory and the near school surroundings. These rules and regulations included also tobacco and alcohol use, set specific procedures for violation sanc-

tioning and created specific sanctions according to the school traditions and characteristics. These sanctions included non-administrative measures like helping in the school library, school duties, volunteer work for the school and others.

The local coordinators together with representatives of the local community and professionals from different organizations created specific procedures for action in crisis situations in school when drug use and abuse was involved. They also set up a network for school support consisted of doctors from emergency rooms and inspectors from Child pedagogical room in Police stations. A training course for parents was created and conducted in order to give the parents additional knowledge of drugs and drug use among students, the specifics of teenage behavior and needs and to develop in them skills for coping with different situations at home concerning drug use or discussions of drugs among their children.

Students from the schools initiated and participated actively in different activities like charity concerts for money raising which were used to renovate a classroom and turn it into a Health education classroom in each school. The classrooms had special furniture suitable for interactive teaching methods, posters and drawings from the student on drug prevention topics, elaborated during poster competitions.

A large event called Health day was conducted in all the three schools at the beginning of 2005-2006 school year. The event included sport activities, poetry and poster competitions, and quizzes on drug knowledge and risk behavior dramatizations.

During the second phase of the project all the activities had been recorded in order to serve as a model for different out-of-classroom activities for schools that would like to participate in the program later on.

### **Third phase**

During the third phase of the project the final development of the educational materials had been elaborated and a publicity campaign had been started in order to popularize the project results.

The final work on the educational materials consisted of developing a unique design of teacher and student materials. It was decided that the materials will consist of 4 major parts – Teacher manual, Teacher methodical mate-



rials, Worksheets book and student's books. The teacher manual included all the necessary information about the health education program – goals, objectives, and principles, working methods, information on basic terms, drugs and other needful things in order to provide the teachers with everything they may need for the effective health education classes. The teacher methodical materials were elaborated for each grade from 8<sup>th</sup> till 12<sup>th</sup> and included simple tables with thoroughly described lessonplans (36 lessons for each grade from 8<sup>th</sup> till 11<sup>th</sup> and specific work organization for 12<sup>th</sup> grade in 6 classes). Each lesson plan included the topic, the goals, the main key terms, minute by minute description of the lesson, possible variation of the lesson, sensitive moments that should be taken in consideration during the teaching process and needed materials. The worksheet books were also developed for each grade from 8<sup>th</sup> till 12<sup>th</sup> and included worksheets for group work, additional facts and possible variations of the lesson plans, detailed description of different educational tasks. All the worksheets have a specific numbers mentioned in the teacher methodical materials so the teacher could easily find all the necessary materials for each lesson. Student books were elaborated for each grade from 8<sup>th</sup> till 11<sup>th</sup> since in the 12<sup>th</sup> grade the main working method is project oriented and all the lessons are conducted by the students themselves. Student books include information on different topics, individual tasks, questions for discussions and different pictures and drawings in order to make the material more understandable and the book more "youth-like". All the materials can be seen in [www.drug-free-school.org](http://www.drug-free-school.org)

An additional manual on the whole "Community-based drug prevention program in schools" project had been elaborated. It included all the experience the project participants had gathered during the project. Its basic goal is to serve as a guide to all the school or local representatives that would like to implement Health education program and healthy lifestyle in their schools. The manual describe all the project activities, gives practical example of different topics and difficulties encountered during the project and can lead every willing persons through the whole process of endorsing the schools as a healthy environment through risk behavior prevention activities.

During the last phase of the project two press conferences were held and a lot of teachers and representatives of different government bodies had been introduced to the project results. Subsequently schools from different region in Bulgaria claimed their wish to implement the health education program. Train-

ing for teachers in Shoumen, Varna, Silistra and Plovdiv were held and materials were provided to the willing schools so the Health education program can be implemented. These schools are still working on the program according to their needs and specifics.

### **Sustainability of the project results**

In order to ensure the sustainability of the project results a “Community based drug prevention program at school” has been established. The Foundation is an Non governmental organization and has all the rights to disseminate the project results and the Health education materials. The foundation is working closely with all the participants with the project and supports the schools that are willing to implement the program. The foundation also organizes trainings for teachers on the Health education program in order to ensure the effectiveness of the health education classes. The program is still running in different schools in Bulgaria

Considering the significance of the drug use and abuse problem among students risk behavior prevention is a major priority in Bulgarian schools. This practical example of how health education and drug prevention can be included in the school activities may serve as a start of a more active and enlarged campaign for implementing health education curriculum in our schools.

### **Bibliography**

1. [www.drug-free-school.org](http://www.drug-free-school.org)
2. Manual on “Community based drug prevention at school” project.